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## Organoleptic assessment and median lethal dose determination of oral aldicarb in rats

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### Abstract

Aldicarb, a carbamate pesticide, is an acetylcholinesterase (AChE) inhibitor, with oral median lethal dose (LD<sub>50</sub>) estimates in rats ranging from 0.46 to 0.93 mg/kg. A three-phase approach was used to comprehensively assess aldicarb as an oral-ingestion hazard. First, the solubility of aldicarb in popular consumer beverages (bottled water, apple juice, and 2% milk) was assessed. Lethality was then assessed by administering aldicarb in bottled water via gavage. A probit model was fit to 24-h survival data and predicted a median lethal dose of 0.83 mg/kg (95% CI: 0.54–1.45 mg/kg; slope: 4.50). Finally, the organoleptic properties (i.e., taste, smell, texture, etc.) were assessed by allowing rats to voluntarily consume 3.0 mL of the above beverages as well as liquid eggs adulterated with aldicarb at various concentrations. This organoleptic assessment determined that aldicarb was readily consumed at lethal and supralethal doses. Overt toxic signs presented within 5 min post-ingestion, and all rats died within 20 min after consuming the highest concentration (0.542 mg/mL), regardless of amount consumed. Because rats have more developed chemoreceptive capabilities than humans, these results suggest that aldicarb may be consumed in toxic or even lethal concentrations by humans in a variety of beverages or foods.

### Graphical abstract

A three-phase approach was used to assess aldicarb (a carbamate pesticide) as an oral-ingestion hazard. First, the solubility of aldicarb in beverages was assessed. Lethality was then assessed in rats by administering aldicarb in bottled water. Finally, the organoleptic properties (i.e., taste, smell, texture, etc.) were assessed by allowing rats to voluntarily consume the above beverages as well as liquid eggs adulterated with aldicarb. This organoleptic assessment determined that aldicarb was readily consumed at lethal and supralethal doses.

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#### Author contributions

N.C.R. made significant contributions in project conception, experimental design, data analysis, manuscript drafting, and manuscript revisions. N.A.R. made significant contributions in data collection, chemical handling, and manuscript revisions. M.C.M. made significant contributions in data collection, data interpretation, and manuscript revisions. T.M.M. made significant contributions in the project conception, experimental design, and manuscript revisions. N.C.R. accepts responsibility for the integrity of the data and associated analyses.

#### Competing interests

The authors declare no competing interests.

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## Keywords

aldicarb toxicity; organoleptics; median lethal dose; oral exposure; rat

## Introduction

Aldicarb (O-(methylcarbamoyl)-2-methyl-2-(methylthio)propionaldehyde-oxime), a carbamate pesticide, is classified as a category 1 toxin by the U.S. Environmental Protection Agency due to its extreme oral toxicity<sup>1</sup>. Despite the ban on household use in the U.S., aldicarb is sold in the Dominican Republic and Mexico under the tradename Tres Pasitos (Three Little Steps; named for the number of steps taken before an animal dies following ingestion)<sup>2, 3</sup> and sold illegally in South Africa as a rodenticide named Two Step<sup>4</sup>.

Aldicarb, like all carbamate pesticides, is an acetylcholinesterase (AChE) inhibitor. Unlike organophosphate pesticides, which are also AChE inhibitors, the binding of aldicarb to AChE is reversible<sup>5</sup>. Aldicarb also undergoes rapid oxidization to aldicarb sulfoxide and aldicarb sulfone, which are then hydrolyzed to other nontoxic compounds<sup>5, 6</sup>. Like most carbamate pesticides, aldicarb's half-life is short; approximately 90% of aldicarb is excreted in the urine within 24 h, and AChE inhibition can recover within 6 h of exposure<sup>6</sup>.

Aldicarb is primarily an oral hazard and is rapidly and almost completely absorbed in the gastrointestinal tract. The onset of toxicity following ingestion can occur as rapidly as 5 min in rats<sup>7</sup> and 15 to 30 min in humans<sup>8</sup>. Aldicarb is one of the most toxic pesticides, with oral median lethal dose (LD<sub>50</sub>) estimates in rats ranging from 0.46 mg/kg<sup>9</sup> to 0.93 mg/kg<sup>5</sup>; toxicity in humans has been observed for estimated amounts of aldicarb and aldicarb sulfoxide as low as 0.022 mg/kg<sup>10</sup> and 0.0011 mg/kg<sup>11</sup>, respectively. The rat oral LD<sub>50</sub> estimate of aldicarb sulfoxide is 0.88 mg/kg and aldicarb sulfone is 25 mg/kg<sup>5</sup>.

The first reported poisoning was a woman who consumed mint grown near an aldicarb-treated rose bush<sup>12</sup>. Since that time, aldicarb has been found in groundwater in Arizona, California, Florida, Maine, New York, North Carolina, Virginia, and Wisconsin<sup>13, 14</sup>. Due to its extreme toxicity, the application of aldicarb is limited to specific crops with groundwater and rotational crop restrictions<sup>15</sup>. Improper application of aldicarb to cucumbers and watermelons has caused multiple poisoning incidents<sup>11</sup>. In the most severe incident, over 1000 people were poisoned and seventeen people hospitalized after eating watermelons grown in a field treated with aldicarb<sup>16</sup>. Aldicarb has been used maliciously by thieves to injure or kill dogs in South Africa and gain access to properties<sup>4, 17</sup> and has been implicated in several intentional human poisonings<sup>8, 18</sup>. Aldicarb has also been used for suicide, and numerous accidental human exposures have required emergency medical treatment<sup>3, 8, 19–21</sup>, including two epidemics in New York<sup>22</sup> and Rio de Janeiro<sup>23</sup>. The toxicity of aldicarb is well understood and its potency is cause for concern, but aldicarb's potential to cause widespread harm as a food or beverage adulterant has not been evaluated. The current study assessed the threat of aldicarb as a mass-casualty oral-ingestion hazard using our established solubility, toxicity, and organoleptic assessments that had been previously used to comprehensively evaluate carfentanyl<sup>24</sup>.

Assessing oral-ingestion hazards requires the *voluntary* consumption of the chemical threat agent. Many studies investigating oral toxicity use gavage; however, this intra-esophageal administration of a compound bypasses important oral mucosa, preventing possible intra-oral absorption (e.g., buccal absorption) while completely ignoring the importance of a compound's organoleptic properties (e.g., taste, smell, texture). Chemical threats that are tasteless and odorless are more likely to cause harm than those that are easily detected and therefore able to be rejected prior to the consumption of toxic or lethal amounts.

Rats were used for the current assessments because they eat many of the same foods that humans eat, so the actual food and/or drink items of human interest may be adulterated to determine realistic oral-ingestion threats. Likewise, rats are neophobic<sup>25</sup> and will tend to refuse new items, making them a conservative model when testing the organoleptics of chemical threats. Rodents also have chemoreceptive capabilities superior to humans<sup>26, 27</sup>, so any compound a rat consumes in toxic concentrations would likely be consumed by humans as well. In this study, we leveraged the rat's chemoreceptive capabilities to test the organoleptic properties of aldicarb in several beverages popular in the U.S. (bottled water, apple juice, and 2% milk) as well as in liquid eggs (a liquid food product that has widespread use within commercial bakeries and restaurants). By assessing solubility, oral toxicity, and organoleptics via voluntary oral ingestion, we were able to develop a comprehensive threat assessment of aldicarb as an oral-ingestion hazard.

## Materials and methods

### Chemicals and vehicles

Aldicarb (O-(methylcarbamoyl)-2-methyl-2-(methylthio)propionaldehyde-oxime; 98% purity) was obtained from Sigma-Aldrich and stored protected from light at room temperature. Preparation of aldicarb prior to being placed into solution occurred within the confines of a certified chemical fume hood.

Aquafina® purified drinking water (16.9 oz, 500 mL; 24-pack), Mott's® 100% apple juice (8 oz, 237 mL; 6-pack), Cloverland® 2% milk (1 pint, 473 mL; single bottle), and Egg Beaters® whole liquid eggs (32 oz, 946 mL) were purchased from local vendors. The water and apple juice were purchased and stored at room temperature for up to several weeks prior to being placed in a refrigerator at least 24 h prior to use. The milk and eggs were purchased at the beginning of each week and kept refrigerated at approximately 4 °C.

### Subjects

One hundred thirty (130) male Sprague-Dawley rats (SAS SD 400) were obtained from Charles River Laboratories (Wilmington, MA, USA). Thirty (30) rats were assigned to the median lethal dose determination, and 100 rats were assigned to the organoleptic assessment. All rats weighed between 226–250 g at the time of shipping and were allowed five days (under group housing) to acclimate to our facility. All subjects were housed individually thereafter in a vivarium with a 12-h light/dark cycle (lights on at 0600). All rats had free access to food and water during acclimation, after which water regulation was implemented and maintained for the remainder of the study (food remained freely available).

Water regulation was implemented by pulling the cages of the rats outward several inches, removing the ability to drink from the water valve. When water was made available, the cages were pushed back several inches until the water valve was inserted into the home cage. Water access was limited to 2 h per day (typically from 1230 to 1430) and occurred at least 1 h after the organoleptic assessment training. This 2-h duration was sufficient for daily water needs, and similar durations have been used in other experimental procedures<sup>28–30</sup>.

The experimental protocol was approved by the Institutional Animal Care and Use Committee at the United States Army Medical Research Institute of Chemical Defense (USAMRICD), and all procedures were conducted in accordance with the principles stated in the Guide for the Care and Use of Laboratory Animals, the Public Health Service Policy on Humane Care and Use of Laboratory Animals, and the Animal Welfare Act of 1966 (P.L. 89–544), as amended. The USAMRICD is a research facility fully accredited by AAALAC International.

### Solubility determination

Aldicarb solubility was assessed in room-temperature (21 °C) water as well as refrigerated (4 °C) water, juice, and milk. Each assessment began with a known amount of aldicarb (4.45–7.39 mg;  $M = 5.65$ ,  $SD = 1.04$ ) placed into a vial followed by 0.6–4.2 mL of a beverage. An incremental volume of 0.025–0.05 mL (based on the expected solubility) was then repeatedly added until solubility was achieved, and the final concentration was recorded. Mechanical agitation (5-s duration) with a Vortex-Genie 2 laboratory mixer (Daigger Scientific Inc., Vernon Hills, IL) followed each incremental addition, and a 10-s partial submersion in an ice-water bath followed every third incremental addition to keep the solution at the appropriate temperature. This assessment was conducted three times for each beverage. Solubility was not assessed with liquid eggs as a homogenous suspension met the needs of the organoleptic assessment.

### Median lethal dose determination

A stagewise, adaptive dose design<sup>31–33</sup> was used to determine the median lethal dose ( $LD_{50}$ ) of aldicarb in room temperature (21 °C) water. Doses for the first stage were selected based on the available literature<sup>34</sup>. Doses for the second and all subsequent stages were based on 24-h lethality observed from the previous stage(s). Doses were administered via gavage in 2.5–3.0 mL of 21 °C water, and all subjects were observed continuously for the first hour and then checked hourly thereafter until 5 h post-exposure. A final observation occurred at 24 h post-exposure, and survivors were humanely euthanized. Doses were selected such that the entire range of lethality (0% to 100%) was observed. Probit models using maximum likelihood estimates were fitted to the combined data for all stages.

### Organoleptic assessment

The organoleptic assessment occurred in a polycarbonate rodent cage (45.7 cm × 24.1 cm × 20.3 cm) with an air-filtered lid. A polycarbonate insert was placed into the bottom of the cage that had a cutout that held a 5.72 cm diameter smooth tempered glass condiment dish. The glass dish was at a comfortable height from which the rats could drink without tipping the dish. All vehicles used in the organoleptic assessment were refrigerated (4 °C). Training

for the assessment occurred for 7 sessions (one session per day) prior to exposure to the adulterated vehicles. The first two training sessions allowed the rats 10 min to consume up to 10 mL. The following three sessions gave the rats 5 min to consume 5 mL, and the final two training sessions provided 5 min to consume 3 mL. Rats had to consume at least 2.5 mL during the session prior to exposure to be included in the analysis, and all rats met the criterion.

The vehicles were adulterated with aldicarb prior to being distributed to the glass dishes on the day of exposure. The volume of the adulterated vehicle was 3.0 mL. The concentrations of the adulterated vehicle were 0.083 mg/mL (LD<sub>50</sub> equivalent), 0.271 mg/mL (LD<sub>99</sub> equivalent), and 0.542 mg/mL (2× LD<sub>99</sub> equivalent). The LD equivalents were calculated assuming a 300-gram rat consumed the entirety of the 3.0 mL adulterated beverage. The 0.083 mg/mL concentration was the first to be assessed for all beverages. Subsequent concentrations were increased as a result of the consumption observed with the previous concentration(s). This assessment was repeated with new concentrations when at least 9 out of 10 rats consumed at least 2.5 mL of the adulterated beverage or the maximum concentration (0.542 mg/mL; 2× LD<sub>99</sub> equivalent) was reached. Liquid eggs were only evaluated at the 0.271 mg/mL (LD<sub>99</sub>) concentration.

### Statistical analysis

The median lethal dose estimate and associated 95% confidence interval were obtained using methods similar to those described by Feder *et al.*<sup>31–33</sup> with IBM SPSS Statistics 22. After each stage, probit dose response models using maximum likelihood methods were fitted to the combined data from all stages. A stopping criterion was used and defined as (95% upper confidence interval of the LD<sub>50</sub> – 95% lower confidence interval of the LD<sub>50</sub>) / (2× LD<sub>50</sub>) < 0.40. If the stopping criteria were not met and the maximum number of animals was reached, no further animals were used. The estimated LD<sub>50</sub> at that point was accepted as adequate.

## Results

### Solubility determination

The solubility of aldicarb was assessed in multiple beverages, both room temperature and refrigerated, as shown in Table 1. Refrigeration decreased solubility as did the dissolved solids and other physical attributes of the juice and milk.

### Median lethal dose determination

A probit model was fit to 24-h survival data and predicted a median lethal dose of 0.83 mg/kg (95% CI: 0.54–1.45 mg/kg; slope: 4.50). The combined probit function and the observed survival proportions are shown in Figure 1. Subjects were continuously observed for the first hour following exposure, and the general progression of toxic signs was noted. Ataxia and a loss of posture (or lying prone) were the most common initial signs, although the 0.576 mg/kg and higher doses commonly (~50%) did not produce ataxia before the rats began exhibiting more severe toxic signs. Fasciculation was not observed at the lowest dose (0.309 mg/kg), but was observed in at least half of the rats at all other doses. Tremor was

observed at all doses and was more frequent with higher aldicarb doses. Gasping was either not observed or infrequently observed (1 out of 4 rats) at the 0.795 mg/kg dose and below. Higher doses usually produced more frequent gasping, with the exception of the 1.048 mg/kg dose (1 out of 4 rats exhibited gasping). All rats that died ( $n = 12$ ) had at least one convulsion, though not all convulsive episodes led to death ( $n = 4$ ). The 0.550 mg/kg dose was the lowest that produced convulsions, and higher doses typically produced more frequent and severe convulsions.

### Organoleptic assessment

Rats were given the opportunity to voluntarily consume water, apple juice, milk, or liquid eggs adulterated with aldicarb at various concentrations, as shown in Figure 2. If the volume consumed was at least 2.5 mL, the adulterated liquid was scored as “accepted” and considered to be generally palatable. The number of rats that accepted the adulterated vehicles is shown in Table 2. The 0.083 mg/mL ( $LD_{50}$ ) concentration was the first to be assessed, and rats consumed the entirety of the adulterated beverages (eggs were not assessed at this concentration). Volumes were mistakenly recorded as “3.0” to represent the entirety of the volume, though in reality the volumes likely varied from 2.60 to 3.00 mL, as evidenced by the volumes consumed at higher concentrations. Based on these results, the concentration was increased to 0.271 mg/mL ( $LD_{99}$ ), and once again all of the rats consumed 2.5 mL of the adulterated beverages. The concentration was then increased to 0.542 mg/mL ( $2 \times LD_{99}$ ), and rats consumed 2.5 mL in almost all cases. Three rats (1 juice and 2 milk) stopped drinking prior to the 2.5 mL cutoff, suggesting that the juice and milk may have failed to mask the taste of aldicarb. However, it seems more likely that rapid intoxication occurred prior to completing consumption, because overt toxic signs were noted within 2 min in some subjects and all subjects exhibited overt intoxication within 5 min at this concentration of aldicarb. As discussed below, the three rats that failed to reach the 2.5 mL “acceptance” criterion still consumed a lethal dose of aldicarb.

As shown in Table 3, 24-h lethality following voluntary consumption of aldicarb-adulterated beverages was exactly as predicted in water (5 of 10 rats died), but lower than expected in juice (3 of 10 died) and milk (1 of 10 died) at the 0.083 mg/mL ( $LD_{50}$ ) concentration based upon the median lethal dose determination using gavage. All rats that consumed the adulterated vehicles at the 0.271 mg/mL ( $LD_{99}$ ) and 0.542 mg/mL ( $2 \times LD_{99}$ ) concentrations died within an hour, regardless of the vehicle used. Liquid eggs also served as a suitable vehicle for aldicarb at the 0.271 mg/mL ( $LD_{99}$ ) concentration, as all rats readily consumed the adulterated eggs and died. At the highest dose assessed (across all three beverages), 19 out of 30 rats were dead within 10 min, 27 out of 30 rats were dead within 15 min, and all rats were dead within 20 min, demonstrating the rapid lethality of this aldicarb concentration.

Changes in body weight 24 h after exposure were also recorded as a secondary measure of intoxication (or recovery). The body weight changes are shown in Figure 3 for any rat that survived to 24 h. As no rats survived following the consumption of the two highest concentrations, those groups are excluded from the x-axis. All rats given adulterated water lost weight overnight and also lost more weight on average than rats given juice or milk.



These results corroborate the survival data, in that rats given water were more likely to die and those that survived also appear to have been more severely intoxicated or for a longer duration. Some of the rats given adulterated juice and milk showed weight gain overnight, though the group average weight change was around 0% for both groups, suggesting that mild to severe intoxication occurred in some rats, whereas a few rats recovered in time to eat and drink during the 2-h window that water was made available.

## Discussion

A three-phase approach was used in the current experiment to develop a comprehensive threat assessment of aldicarb as an oral-ingestion hazard. First, the solubility of aldicarb in room-temperature water and three refrigerated beverages was assessed. Solubility was decreased by refrigeration and also varied by beverage type, as shown in Table 1. Solubility was highest for water, followed by juice, and finally milk. These solubility estimates were obtained using basic methodology and would not be as accurate as those obtained using more rigorous methods or analysis techniques more common in a chemistry laboratory. However, the needs of this particular project only required reasonable (not exact) estimates of maximum solubility to determine whether a chemical should be further evaluated for toxicity or excluded due to insolubility. So while these estimates could be further improved, they clearly demonstrated that aldicarb was soluble enough to be potentially lethal when consumed and warranted further evaluation. Solubility was not assessed for eggs, although a homogenous suspension was sufficient for use in the organoleptic assessment. The thorough mixing used to create the suspension, lack of visible residue, and resulting toxicity that matched the beverage vehicles suggest that the suspension was homogenous and that the rats consumed the intended amounts of aldicarb. The toxicity of aldicarb was then assessed by delivering adulterated room-temperature water via gavage. The median lethal dose (LD<sub>50</sub>) was estimated to be 0.83 mg/kg, which approximated previously reported estimates<sup>5, 34</sup>. Based on the solubility and toxicity data, we were able to assess up to our *a priori* maximum of 2× the LD<sub>99</sub> concentration in all beverages. However, a maximum of 5.75× the LD<sub>99</sub> concentration was attainable with these refrigerated beverages, which could be increased to 9.5× the LD<sub>99</sub> in refrigerated water or 14.5× the LD<sub>99</sub> using room-temperature water.

The organoleptic assessment occurred after the median lethal dose determination wherein rats were given the opportunity to voluntarily consume (or reject) aldicarb-adulterated water, apple juice, 2% milk, and liquid eggs at various concentrations corresponding to estimated doses from the probit function. The 0.083 mg/mL (LD<sub>50</sub>) concentration was the first to be assessed in the refrigerated beverages, and all rats consumed the entirety of the adulterated beverages. Based on this obvious lack of rejection, the concentration was increased to 0.271 mg/mL (LD<sub>99</sub>), and again all rats accepted ( > 2.5 mL) the adulterated beverages, as well as the liquid eggs. The concentration was then increased to the 0.542 mg/mL (2× LD<sub>99</sub>) maximum, and all but three rats (90%) drank more than 2.5 mL of the adulterated beverages. The three rats that did not meet the 2.5 mL criterion may have detected (and subsequently rejected) the aldicarb or may have become intoxicated during consumption. Previous research has shown that intoxication can occur within 5 min<sup>7</sup> (the consumption duration allowed in the current experiment), and toxic signs noted during the median lethal dose determination were similarly rapid. Therefore, it is possible that aldicarb is not detectable

(based upon the lack of rejection) at the 0.542 mg/mL ( $2 \times \text{LD}_{99}$ ) concentration and incomplete consumption was in fact due to rapid onset of intoxication.

Intoxication in the organoleptic assessment was quantified by 24-h lethality and weight change. In animals that survive, weight change serves as a good indicator of the duration of intoxication, as animals that recover sooner are more likely to consume food and gain weight overnight. This is particularly true of the current experiment, as water access is scheduled and occurs relatively soon (60 to 90 min) after aldicarb ingestion. Any rats that were intoxicated for extended periods may have failed to drink their daily allotment of water. This measure successfully quantified intoxication of carfentanil in this same model<sup>24</sup>, though the exceptionally high rates of lethality with aldicarb make the analysis more difficult. Only rats given 0.083 mg/mL ( $\text{LD}_{50}$ ) aldicarb survived to 24 h, so no dose-dependent weight changes could be evaluated. However, beverage-dependent intoxication may be evident as rats that consumed water typically lost more weight than those ingesting juice or milk. Lethality was also higher for rats that drank water (50%) compared with juice (30%) and milk (10%). A similar trend was found following carfentanil ingestion in this same model: lethality was highest for the water group compared with milk and juice<sup>24</sup>. The solids and other nutritive properties of the beverages (e.g., milk's fat content) could have altered aldicarb's toxicity, although these differences might simply reflect normal between-subject variation; only 10 rats were assessed with each beverage at this concentration, so additional subjects would be required to rigorously test this hypothesis. Although decreased lethality was observed for both carfentanil and aldicarb when ingested in juice or milk, the low number of subjects and survivors within each group precludes any definitive statements about beverage-dependent toxicity. These results underscore the value of evaluating different beverages and suggest potential avenues for future research. Additionally, toxicity and lethality may in fact vary as a function of the beverage adulterated, which would clearly have implications for modeling large-scale attacks.

The absorption of ingested aldicarb is rapid and nearly complete, as demonstrated when radiolabeled aldicarb and aldicarb sulfoxide were ingested by female rats: 80–90% was excreted in urine and very little was found in the feces (2–5%) within the first 24 h<sup>35</sup>. This finding was replicated in male rats, wherein several aldicarb radiolabeled isotopes were all primarily excreted via the urine within 24 h and aldicarb recovery was up to 95%<sup>6</sup>. Both of these studies also revealed that aldicarb was generally distributed around the body, and sequestration by a tissue or tissue group did not occur<sup>6, 35</sup>. The rapid absorption and excretion of aldicarb was also found in cows: 92%, 3%, and 1% of the ingested aldicarb was eliminated in the urine, feces, and milk, respectively<sup>36</sup>. The fact that very little aldicarb is found in the feces and is primarily excreted in the urine demonstrates the near complete absorption that occurs in the gastrointestinal tract. This rapid absorption can also produce rapid intoxication. Rats that ingest high doses of aldicarb can show signs of intoxication within 5 min, as found in the current experiment and in previous research<sup>7</sup>, and intoxication has been reported to occur within 15 min for human exposures<sup>8</sup>.

Aldicarb is an AChE inhibitor, and the toxic signs reported in human cases are typical for cholinergic crisis, including both muscarinic and nicotinic overstimulation<sup>3, 8</sup>. These toxic signs are sometimes summarized using the mnemonics SLUDGE (salivation, lacrimation,



urination, defecation, gastric distress, and emesis) or DUMBBELLS (defecation, urination, miosis, bronchorrhea, bradycardia or body tremors, emesis, lacrimation, lethargy, and salivation)<sup>2, 37</sup>. The toxic signs observed in the rat do not directly replicate those seen in humans; here, rats ingesting aldicarb primarily exhibited ataxia, lethargy, mastication, lacrimation (porphyrin excretion), fasciculation, tremor, and convulsion. These toxic signs were dose-dependent, with the most severe signs occurring more commonly at higher doses of aldicarb.

The toxic signs observed in the current experiment differed from the human response in several key ways. Unlike humans, rats are unable to vomit, so emesis cannot be observed in this species. Urination and defecation often occurred post-exposure, but it was difficult to compare to pre-exposure and was therefore inconclusive. We also lacked the ability to systematically score bronchorrhea, and while salivation was sometimes noted post-exposure, there was no clear dose-dependent effect. However, both bronchorrhea and salivation could have manifested and simply not been observable given our methodology. Despite these differences from human clinical signs, clear dose-dependent toxicity was observed in this species, and the toxic signs observed in the current experiment provide valuable comparisons with those same clinical signs in humans.

The primary purpose of the current experiment was to establish a median lethal dose and assess the organoleptic profile of aldicarb. Thus, toxic signs were a secondary measure and could be significantly improved upon with a different approach. Previous research quantifying the resulting toxicity of ingested aldicarb produced a list of toxic signs similar to those seen here in addition to other important signs (i.e., decreased body temperature, motor response, and pupillary response)<sup>38</sup>. Large doses of aldicarb given to Nubian goats also produced hemorrhage and congestion in several organ systems, including the brain, gastrointestinal tract, kidneys, liver, and lungs. This was comorbid with pulmonary edema, hepatic fatty changes, and renal degeneration<sup>39</sup>, demonstrating the systemic distribution of aldicarb as well as its profound toxicity.

Treatment of aldicarb poisoning is mostly supportive, and combinatorial atropine sulfate and oxime therapy is recommended, as would be expected for any ongoing cholinergic crisis caused by a carbamate poison. Atropine treats the toxic signs produced by muscarinic overstimulation, but nicotinic overstimulation (e.g., fasciculation, tremor, and convulsion) will likely persist<sup>2, 40</sup>. Atropine therapy has been successfully used in humans, typically with adjunct pralidoxime (2-PAM) therapy<sup>3, 8, 18</sup>. Benzodiazepine therapy is also commonly recommended and used for controlling convulsions<sup>41</sup>. Gastric lavage and activated charcoal have been used to treat ingested poisons, depending on the time since ingestion, though the efficacy and appropriateness of both methods for acute poisonings have come into question<sup>42–44</sup>. Ventilation is also commonly used for human poisonings<sup>18, 45</sup>, though typically in response to bronchial secretions rather than muscular weakness<sup>3</sup>. Although these therapies are efficacious, they require prompt administration following ingestion, especially given aldicarb's rapid absorption and extreme oral toxicity. These facts combined with the present data raise a deep concern that, in the absence of rapid medical management and treatment, aldicarb poisoning could prove promptly fatal.

The current experiment demonstrated that rats would readily and voluntarily consume lethal amounts of aldicarb, indicating that aldicarb is a clear oral-ingestion hazard. This is further confirmed by the fact that, in 2001, Bayer CropScience added extremely bitter substances to the pesticide to prevent its use in suicides and homicides<sup>4</sup>. The necessity of adding a bitter substance to prevent its voluntary consumption in humans suggests that aldicarb either has an undetectable organoleptic profile or at the very least is not aversive. Rats have more developed chemoreceptive capabilities than humans, so the voluntary consumption of aldicarb in the current experiment suggests that aldicarb may be consumed in toxic or lethal amounts by humans in a variety of foods and beverages.

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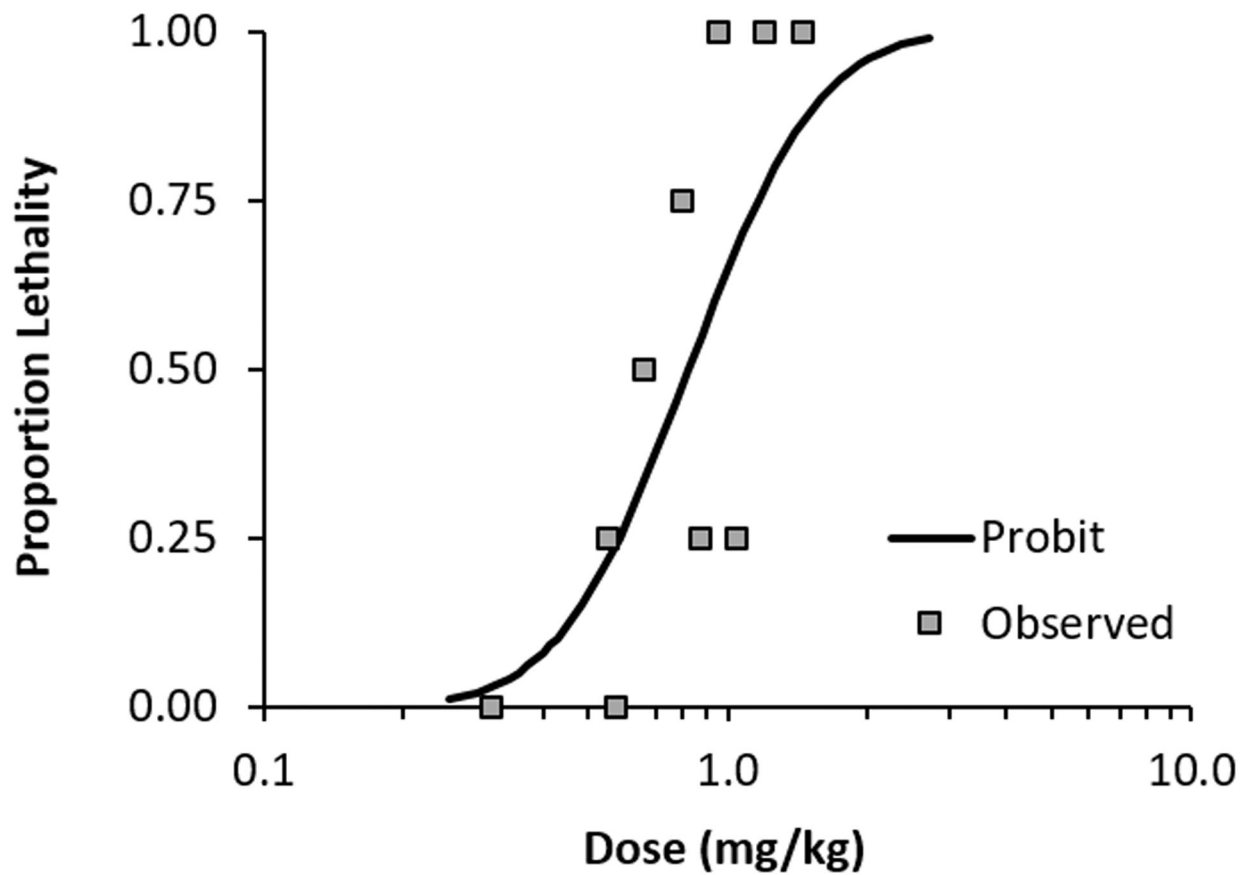
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## REFERENCES

1. U.S. Environmental Protection Agency. "Chapter 7: Precautionary Statements". In Label Review Manual.
2. Anastasio JD & Sharp CR. 2011 Acute aldicarb toxicity in dogs: 15 cases (2001–2009). *Journal of Veterinary Emergency and Critical Care*. 21: 253–260. [PubMed: 21631711]
3. Nelson L, Nelson LS, Perrone J, et al. 2001 Aldicarb poisoning by an illicit rodenticide imported into the United States: Tres Pasitos. *Journal of Toxicology: Clinical Toxicology*. 39: 447–452. [PubMed: 11545234]
4. Arnot L, Veale D, Steyl JCA, et al. 2011 Treatment rationale for dogs poisoned with aldicarb (carbamate pesticide). *Journal of the South African Veterinary Association*. 82: 232–238. [PubMed: 22616438]
5. Risher JF, Mink FL & Stara JF. 1987 The toxicologic effects of the carbamate insecticide aldicarb in mammals: a review. *Environmental health perspectives*. 72: 267–281. [PubMed: 3304999]
6. Knaak J, Tallant MJ & Sullivan L. 1966 Metabolism of 2-Methyl-2-(methylthio) propionaldehyde O-(Methylcarbamoyl) oxime in Rat. *Journal of Agricultural and Food Chemistry*. 14: 573–578.
7. Cambon C, Declume C & Derache R. 1979 Effect of the insecticidal carbamate derivatives (carbofuran, pirimicarb, aldicarb) on the activity of acetylcholinesterase in tissues from pregnant rats and fetuses. *Toxicology and Applied Pharmacology*. 49: 203–208. [PubMed: 494273]
8. Ragouc-Sengler C, Tracqui A, Chavonnet A, et al. 2000 Aldicarb poisoning. *Human & experimental toxicology*. 19: 657–662. [PubMed: 11291736]
9. Garcia SJ, Aschner M & Syversen T. 2006 "CHAPTER 11 - Interspecies Variation in Toxicity of Cholinesterase Inhibitors". In *Toxicology of Organophosphate & Carbamate Compounds*. Gupta RC, Ed.: 145–158. Burlington: Academic Press.
10. Witt JM & Wagner SL. 1986 Aldicarb poisoning. *JAMA*. 256: 3218–3218. [PubMed: 3783864]
11. Goldman LR, Beller M, Oregon H, et al. 1990 Aldicarb food poisonings in California, 1985–1988: toxicity estimates for humans. *Archives of Environmental Health: An International Journal*. 45: 141–147.
12. Burgess JL, Bernstein JN & Hurlbut K. 1994 Aldicarb poisoning: a case report with prolonged cholinesterase inhibition and improvement after pralidoxime therapy. *Archives of internal medicine*. 154: 221–224. [PubMed: 8285817]
13. Zaki MH, Moran D & Harris D. 1982 Pesticides in groundwater: the aldicarb story in Suffolk County, NY. *American Journal of Public Health*. 72: 1391–1395. [PubMed: 7137437]

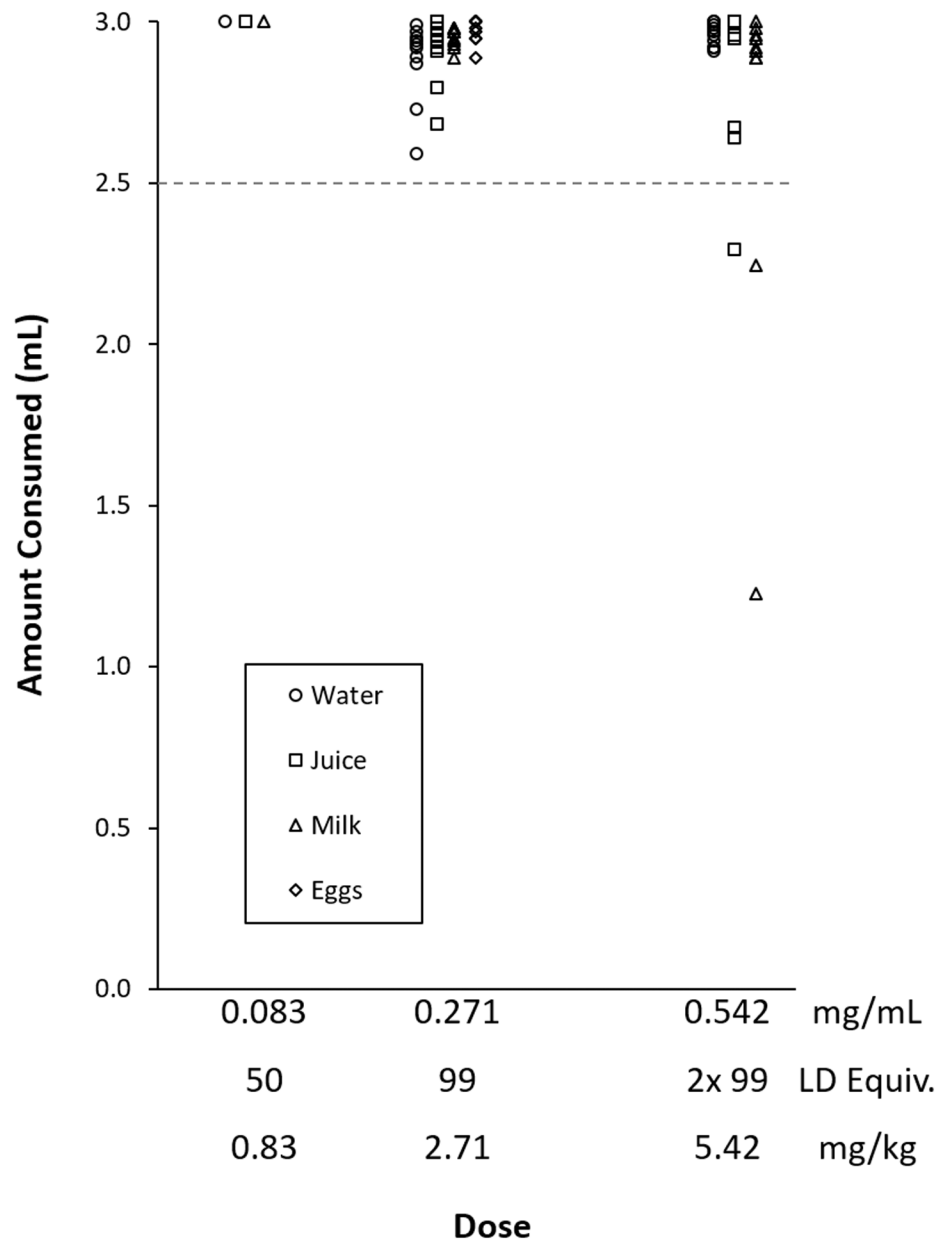
14. McWilliams L 1984 Groundwater pollution in Wisconsin: a bumper crop yields growing problems. *Environment: Science and Policy for Sustainable Development*. 26: 25–34.
15. Office of Pesticide Programs. (U.S. Environmental Protection Agency). AGLOGIC 15GG: EPA Reg. No. 87895-U
16. Centers for Disease Control and Prevention. 1986 Epidemiologic Notes and Reports Aldicarb Food Poisoning from Contaminated Melons -- California. MMWR. Morbidity and mortality weekly report 35: 254. [PubMed: 3083232]
17. Verster R, Botha C, Naidoo V, et al. 2004 Aldicarb poisoning of dogs and cats in Gauteng during 2003. *Journal of the South African Veterinary Association*. 75: 177–181. [PubMed: 15830602]
18. Covaci A, Manirakiza P, Coucke V, et al. 1999 A case of aldicarb poisoning: a possible murder attempt. *Journal of Analytical Toxicology*. 23: 290–293. [PubMed: 10445493]
19. Tracqui A, Flesch F, Sauder P, et al. 2001 Repeated measurements of aldicarb in blood and urine in a case of nonfatal poisoning. *Human & experimental toxicology*. 20: 657–660. [PubMed: 11936581]
20. Mendes CA, Cipullo JP, Mendes GE, et al. 2005 Acute intoxication due to ingestion of vegetables contaminated with aldicarb. *Clinical Toxicology*. 43: 117–118. [PubMed: 15822765]
21. Proença P, Teixeira H, De Mendonça M, et al. 2004 Aldicarb poisoning: one case report. *Forensic science international*. 146: S79–S81. [PubMed: 15639596]
22. Centers for Disease Control and Prevention. 1997 Poisonings associated with illegal use of aldicarb as a rodenticide--New York City, 1994–1997. MMWR. Morbidity and mortality weekly report 46: 961. [PubMed: 9347907]
23. Lima JS & Reis CAG. 1995 Poisoning due to illegal use of carbamates as a rodenticide in Rio de Janeiro. *Journal of Toxicology: Clinical Toxicology*. 33: 687–690. [PubMed: 8523493]
24. Rice NC, Rauscher NA, Wilkins WL, et al. 2019 Behavioural and physiological assessments of dimethyl trisulfide treatment for acute oral sodium cyanide poisoning. *Basic & clinical pharmacology & toxicology*.
25. Carroll ME, Dinc HI, Levy CJ, et al. 1975 Demonstrations of neophobia and enhanced neophobia in the albino rat. *Journal of Comparative and Physiological Psychology*. 89: 457. [PubMed: 1194452]
26. Quignon P, Giraud M, Rimbault M, et al. 2005 The dog and rat olfactory receptor repertoires. *Genome Biology*. 6: R83. [PubMed: 16207354]
27. Young JM, Friedman C, Williams EM, et al. 2002 Different evolutionary processes shaped the mouse and human olfactory receptor gene families. *Human molecular genetics*. 11: 535–546. [PubMed: 11875048]
28. Denniston JC, Cole RP & Miller RR. 1998 The role of temporal relationships in the transfer of conditioned inhibition. *Journal of Experimental Psychology: Animal Behavior Processes*. 24: 200. [PubMed: 9556909]
29. Morrison CF 1967 Effects of nicotine on operant behaviour of rats. *International Journal of Neuropharmacology*. 6: 229–240. [PubMed: 6037527]
30. Samson HH & Doyle TF. 1985 Oral ethanol self-administration in the rat: Effect of naloxone. *Pharmacology, Biochemistry and Behavior*. 22: 91–99.
31. Feder P, Olson CT, Hobson DW, et al. 1991 Statistical analysis of dose-response experiments by maximum likelihood analysis and iteratively re-weighted nonlinear least squares techniques. *Drug Information Journal*. 25: 323–334.
32. Feder PI, Hobson DW, Olson CT, et al. 1991 Stagewise, adaptive dose allocation for quantal response dose-response studies. *Neuroscience & Biobehavioral Reviews*. 15: 109–114. [PubMed: 2052182]
33. Feder PI, Olson CT, Hobson DW, et al. 1991 Stagewise, group sequential experimental designs for quantal responses. one-sample and two-sample comparisons. *Neuroscience & Biobehavioral Reviews*. 15: 129–133. [PubMed: 2052185]
34. Gaines TB 1969 Acute toxicity of pesticides. *Toxicology and applied pharmacology*. 14: 515–534. [PubMed: 5787520]
35. Andrawes N, Dorrough H & Lindquist D. 1967 Degradation and elimination of Temik in rats. *Journal of economic entomology*. 60: 979–987. [PubMed: 6073199]

36. Dorough HW, Davis RB & Ivie GW. 1970 Fate of Temik-carbon-14 in lactating cows during a 14-day feeding period. *Journal of Agricultural and Food Chemistry*. 18: 135–142. [PubMed: 5535666]
37. Vates C & Osterhoudt KC. 2008 Give me three steps. *Pediatric emergency care*. 24: 389–391. [PubMed: 18562885]
38. Moser VC 1995 Comparisons of the acute effects of cholinesterase inhibitors using a neurobehavioral screening battery in rats. *Neurotoxicology and Teratology*. 17: 617–625. [PubMed: 8747743]
39. Mohamed O & Adam S. 1990 The toxicity of Temik (Aldicarb) in Nubian goats. *British Veterinary Journal*. 146: 358–363. [PubMed: 2397376]
40. Gupta RC & Kadel WL. 1991 Novel effects of memantine in antagonizing acute aldicarb toxicity: mechanistic and applied considerations. *Drug development research*. 24: 329–341.
41. Newmark J 2004 Therapy for nerve agent poisoning. *Archives of Neurology*. 61: 649–652. [PubMed: 15148139]
42. Donkor J, Armenian P, Hartman IN, et al. 2016 Analysis of gastric lavage reported to a statewide poison control system. *The Journal of emergency medicine*. 51: 394–400. [PubMed: 27595368]
43. Romney A & Sevdv T. 2017 What ingestions warrant activated charcoal administration? *Evidence-Based Practice*. 20: 12–13.
44. Vale A 2016 Reducing absorption and increasing elimination. *Medicine*. 44: 99–100.
45. Rezaee R, Hassanzadeh-Khayyat M, Mehri F, et al. 2012 Determination of parathion, aldicarb, and thiobencarb in tap water and bottled mineral water in Mashhad, Iran. *Drug and chemical toxicology*. 35: 192–198. [PubMed: 21939365]



**Figure 1.**

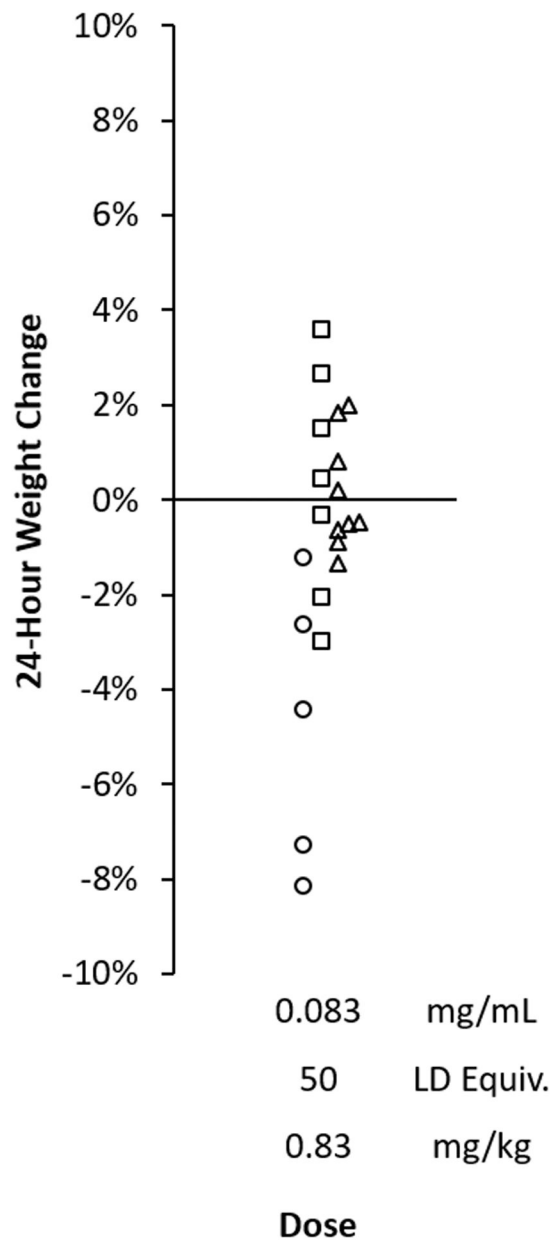
Probit model of 24-h survival as a function of aldicarb dose (mg/kg). Observed survival rates at each dose are shown as gray squares, and the fitted model is shown as a black line. The estimated median lethal dose was 0.83 mg/kg (95% CI: 0.54–1.45 mg/kg; slope: 4.50).



**Figure 2.**

Amount of adulterated vehicle consumed for all concentrations assessed as a function of vehicle. Water is shown as circles, juice is shown as squares, milk is shown as triangles, and eggs are shown as diamonds. Each data point represents an individual subject's volume consumed. The gray, dashed line represents the 2.5 mL threshold to be counted as "accepted."





**Figure 3.**

Change in body weight 24 h after consumption of adulterated beverages for the 0.083 mg/mL (LD<sub>50</sub>) concentration. There were no survivors in the higher concentration groups. Water is shown as circles, juice is shown as squares, and milk is shown as triangles. Each data point represents an individual subject that survived to 24 h.

**Table 1.**

Solubility of aldicarb in bottled water, apple juice, and 2% milk.

Beverage	Temp	1	2	3	Mean	SD
Water	21 °C	3.96	4.14	3.72	<b>3.94</b>	0.21
Water	4 °C	2.80	2.59	2.54	<b>2.64</b>	0.14
Juice	4 °C	1.83	1.64	1.56	<b>1.68</b>	0.14
Milk	4 °C	1.68	1.56	1.45	<b>1.56</b>	0.12

NOTE: Solubility was assessed three times (indicated by the numbered headings) per beverage, including an additional assessment with room-temperature (21 °C) water. All solubility data are presented as mg/mL. SD, standard deviation.

**Table 2.**

The number of rats that “accepted” (i.e., consumed at least 2.5 mL) the adulterated vehicles as a function of concentration (shown as LD equivalents).

Vehicle	Concentration (LD equivalent)		
	LD <sub>50</sub>	LD <sub>99</sub>	2× LD <sub>99</sub>
Water	10/10	10/10	10/10
Juice	10/10	10/10	9/10
Milk	10/10	10/10	8/10
Eggs	-	10/10	-

**Table 3.**

The number of rats that died within 24 h of consuming an adulterated vehicle as a function of concentration (shown as LD equivalents).

Vehicle	Concentration (LD equivalent)		
	LD <sub>50</sub>	LD <sub>99</sub>	2× LD <sub>99</sub>
Water	5/10	10/10	10/10
Juice	3/10	10/10	10/10
Milk	1/10	10/10	10/10
Eggs	-	10/10	-